Minister for Home Affairs
Justice and Home Affairs

Government of JERSEY

19-21 Broad Street | St Helier
Jersey | JE2 3RR

Deputy Kevin Pamplin
Vice Chair, Health and Social Security Scrutiny Panel
States Greffe
Morier House
St Helier
Jersey
JE1 1DD

18 February 2022

Dear Deputy Pamplin,

Follow up Review – Assessment of Mental Health Services

Please find below answers to the questions asked in your letter dated 14th February 2022. As requested in your letter, the below answers reflect the views and perspective of the relevant services.

States of Jersey Police (SoJP)

1. **Please can you describe all of the key relationships and partnership working that exists between the SoJP and Adult Mental Health Services / CAMHS (where applicable)?**

- Monthly, or as required, operational meetings with key Mental Health personnel
- Article 36 protocol working party
- Regular operational meetings with Triage Team
- Twice weekly Adult Mental Health attendance at the Daily Police Management Meeting. This meeting allows for effective information sharing and discussion around risk management.

2. **Please can you describe all of the key relationships and partnerships, if any, that exist between the SoJP and the third or private sectors which provide support for mental health concerns.**

   None that we are aware of.

3. **The Panel understands that the Community Triage Team "*works with the States of Jersey Police and the emergency services attending calls where the mental health of individuals is a concern*"**
   Please could you provide some further detail about how the Community Triage Team operates in partnership with SoJP?

There has been some progress made in respect of the Community Street Triage Service and Police Officers are now used to considering this service as early as possible.

We know that when we engage the Community Street Triage Service there are less Article 36's and most importantly it sees the 'right service' dealing immediately with those people who need support at that time.

The current protocol states that a member of the Community Street Triage Team will be on site within the hour.

Further conversations are planned between the two services to discuss further enhancing the Community Street Triage Service as well as undertaking joint training.

4. **Is the Community Triage Team equipped to respond to both adult and child and adolescent mental health concerns?**

Community Triage currently responds to requests for mental health support from the Police and Ambulance Service for adults aged 18-65.

There is a plan to introduce a 24/7 mental health telephone service which will be resourced by the Triage Team. This service will enable the SoJP to redirect some demand in this direction.

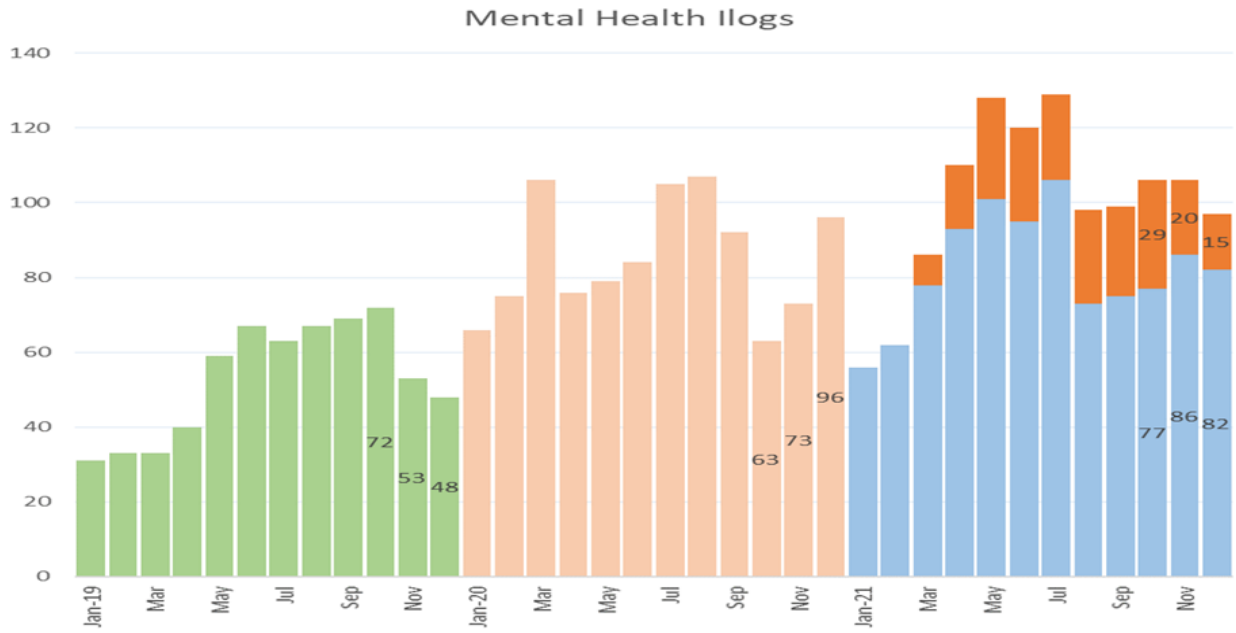
5. **Please can you provide a breakdown (<u>from September 2018</u>) of how many incidents requiring a police response have involved concerns about mental health, suicide or self-harm?**

A total of 1,197 mental health logs were recorded last year (2021). This was an increase of 17% on 2020's figure (1,022) and was 89% up on the 635 incidents shown for 2019.

In the second half of 2021, six individuals were, on average, the subject of at least two mental health logs each month.

388 individuals were the subject of mental health logs during the Jun-Dec period in 2021. Of these, 120 were repeat parties in that period.

Between Mar and Dec 2021, 21% of all mental health Ilogs were dealt with by the triage team. However, these figures fell month-on-month during the last quarter of the year to being only 15% for December.



Repeat incidents are a regular occurrence and indeed a cause for concern.
Reviewing 2019, 2020 and 2021 data we can see that each year appears to have a repeat nominal Mental Health incident rate of around 70%.

- 2019 70% = 635 Total MH Incidents = 445 incidents were by repeat individuals.
- 2021 71% = 1022 Total MH Incidents = 715 incidents were by repeat individuals.
- 2021 70% = 1197 Total MH Incidents = 838 incidents were by repeat individuals.

6. **Please can you provide an update regarding the status of the Mental Health Criminal Justice Forum?**

The Mental Health Criminal Justice Forum (MHCJF) was established in 2015 following the completion of the Mental Health (MH) strategy. The MHCJF was allocated circa £250,000 and an initial business plan developed. However, little progress appeared to have been made and as a result the SoJP called a meeting with partners on the 1 May 2018 where it became very clear that joint working around MH matters had lost its way. This group was therefore disbanded, and no further meetings have taken place.

7. **Please can you confirm the number of people who have been removed to a place of safety under the Mental Health (Jersey) Law 2016, since it came into force (broken down by year / month)?**

All place of safety detentions

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2016	15	10	8	5	6	3	4	3	6	3	5	4	72
2017	3	1	2	5	2	5	4	1	1	6	5	8	43
2018	8	4	6	4	2	5	6	8	3	2	5	4	57
2019	4	2	2	4	4	3	5	3	1	3	4	2	37
2020	3		7	11	11	7	1	1		2		2	45
2021	2	1		2	4	1	4	2		3	2	1	22
2022	1												1
Total	36	18	25	31	29	24	24	18	11	19	21	21	277

Mental health incidents

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2018									49	54	77	63	243
2019	31	33	33	40	59	67	63	67	69	72	53	48	635
2020	66	75	106	76	79	84	105	107	92	63	73	96	1,022
2021	56	62	86	110	128	120	129	98	99	106	106	97	1,197
Total	153	170	225	226	266	271	297	272	309	295	309	304	3,097

Place of safety detentions - outcome: handed to escort

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2016	3	3	1			1	3						11
2017					1		1		1	1		1	5
2018	2	2	4	2	1	2	2	2	1		1	2	21
2019					1	1	2	1	1	1	1	1	9
2020	2		1	2	1							1	7
2021								1		1			2
Total	7	5	6	4	4	4	8	4	3	3	2	5	55

a. With reference to the above, please can you provide detail of the location of the 'place of safety'?

This is not possible to do without reading in detail every log.

If a Police Officer finds, in a place to which the public have access, a person who appears to be suffering from a mental disorder, and to be in immediate need of care or control, the Police Officer can remove the person to a place of safety.

The Police power to detain the person cannot be delegated. The Police retain responsibility for anyone detained under an Article 36. When practicable the Police will consult with the on-call AO about the use of Article 36. This will allow HCS staff to investigate whether less restrictive options are available and prepare for the arrival of the person.

The Police Officer will provide information on:

- whether the person has been detained under Article 36
- circumstances leading to use of Article 36
- identity of the person
- any indication that the person presents a risk of harm to themselves or to others
- any communication difficulties

8. Please could you provide a summary of any work by SoJP that was undertaken or started as a result of the Mental Health Strategy for Jersey (2016-2020)?

The Article 36 Protocol was signed however there were amendments made. The Protocol and amendments have for the last year sat with Mental Health and have as yet not been signed.

The view of the SoJP around the clear and obvious benefits of an effective Community Triage Service are contained within this document. There is clear evidence that such a Service is very effective and provides the best service to an individual suffering with Mental Health difficulties.

9. Following the outbreak of COVID-19 in Jersey in 2020, please can you outline the impact this had on SoJP work outlined in the response to questions 1 - 8 above?

The outbreak of COVID in 2020 saw the SoJP and Jersey Adult Mental Health Service (JAMHS) agreeing to provide a Mental Health Nurse Practitioner (MHNP) to advise and work in partnership with the SOJP & States of Jersey Ambulance Service (SOJAS)

The enhanced collaboration initiative sought to manage the COVID crisis which saw a number of restrictions placed upon the whole community.

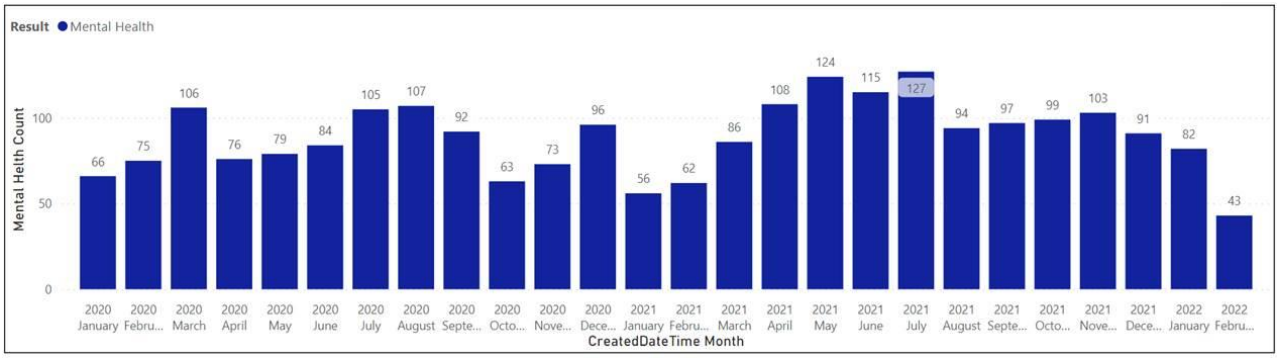
Agencies were aware that Mind Jersey, a Mental Health Charity, had seen a spike in calls into their service and that there was a significant increase in people who are under extreme levels of stress with deteriorating Mental Health.

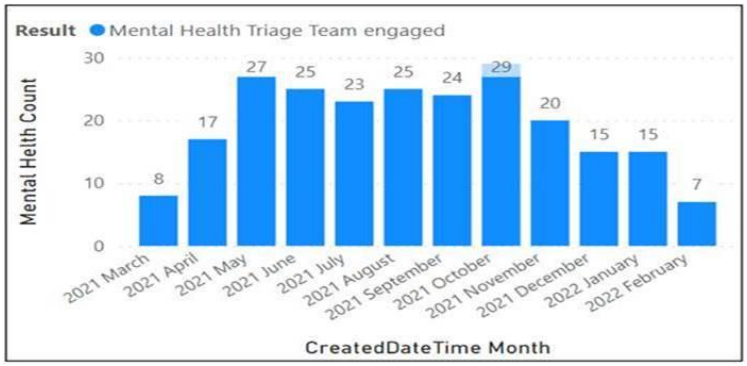
The MHNPs assisted in ensuring the most appropriate options were considered and accessed for the individual in crisis, which informed decision making and risk management in a timely and proportionate way.

The SoJP continue to see a steady rise in the number of incidents that fall under the umbrella of Mental Health.

As can be seen from the below graph, 2021 saw the police deal with 1162 MH incidents in comparison to 1022 in 2020, a difference of 140. Of note January 2022 saw 82 cases recorded in comparison to 66 in 2020 and 56 in 2021. It is therefore likely that 2022 will again see an increase in the demand placed upon the police to deal with mental health cases.

There is no evidence to suggest that this increase in demand is down to COVID.





a. **Have any significant or permanent changes been made to the work / service as a result of COVID-19?**

No significant changes have been made as a result of COVID.

The SoJP are well used to dealing with Mental Health demand as this is something that has increased significantly over the last decade. This is not specific to Jersey; this is a National trend.

The SoJP invest time and effort in teaching new officers and all frontline officers about how to deal effectively with Mental Health incidents. Those officers who attend Norfolk for the initial 10 weeks of training receive Mental Health input and on return to Jersey, during 10 weeks tutorship this knowledge is tested in live cases with officers being assessed.

More broadly, talks are underway to create a training package that will be delivered to front line officers and MH workers in joint training sessions. These sessions will be seen as annual Continuing Professional Development (CPD).

The SoJP recognise that to deal effectively with Mental Health cases must be a partnership effort and that working in isolation will absolutely not realise a permanent solution.

10. **Do you have any other comments about how Mental Health Services in Jersey have changed since 2018? The Panel would welcome any comments or information which may relate to the findings and recommendations of the initial review (details are available on this link).**

- A fully resourced Triage Team who are able to deploy as a pair should be the aim (following a suitable risk assessment), coupled with a 24/7 help line. This would mean that the police would only be required when absolutely necessary, this might be in regard to any risks that are linked to the individual. The Police want to avoid putting officers on the ground unless absolutely necessary – we are not the professionals that someone suffering from a mental health episode need to see.
- The triage team need to be able to assist in dealing with young people who are suffering with Mental Health challenges. The police deal with young people daily and very often these young people would benefit greatly from the triage service. This is absolutely seen as a gap in service.
- The other issue that needs to be considered is how people who are detained or indeed taken to a specific location are transported. Currently the only way to transport an individual suffering from a MH episode is in a police van where they sit within a small cage. It would be the position of the SoJP that to transport an individual who is suffering a MH episode in a caged van is inappropriate for a number of well documented reasons.
- The police can evidence occasions where there have been 'significant' delays whilst waiting for an Authorising Officer. These delays are almost exclusively whilst Police Officers are with a person who has been detained under Article 36 and remains at the Emergency Department. Very often these delays are for hours at a time which causes stress and frustration to the individual and all concerned.

- The lack of a fully functional and fit for purpose Article 36 suite continues to prove challenging. Managing people with MH challenges within the ED environment is less than ideal.

States of Jersey Prison Service (SoJPS)

1. **Please can you describe all of the key relationships and partnership working that exists between the SoJPS and Adult Mental Health Services?**

The principal relationship is with Adult Mental Health Service (AMHS). This is generally managed through the Community Psychiatric Nurse (CPN) allocated the forensic remit at any given time. Since mid-2019, we have direct referral routes through the Crisis Team and the Home Treatment team, however this does not work very well, and we rely on the CPN to escalate if a referral is being 'bounced' between teams.

We have a very positive, proactive and reactive relationship with the current CPN and had a similar relationship with their predecessor. We work closely to assess, plan and implement care, additionally preparing a prisoner for release and follow up by that service is very good.

We did experience issues during the substantial period between the previous CPN leaving their post and the new CPN taking up post. There appears to be very little succession planning if the CPN is leaving or on sick leave, certainly from a prison perspective.

a. **Have any changes been made since 2018?**

Yes, as mentioned above we have moved to a crisis team and home treatment team model at ADMH's however this does not have a significant impact on us, apart from slowing down referrals when we are without a CPN, on weekends for example.

Overall, the service received has declined since the last scrutiny panel request from Sept. 2018, to which the reply was: *"A CPN and Consultant Psychiatrist provide weekly clinics in a designated office / interview area within the healthcare department. If urgent assessment is required, we have access to the on-call team. We also have a mental health trained nurse on the Healthcare staff. The mental health in-reach service is based on the MDT model, with regular cross-discipline reviews at regular intervals"*.

This has not been the case since the departure of the previous Consultant Psychiatrist, unfortunately Psychiatrist attendance has been intermittent and for various lengthy periods throughout this time, we did not have any psychiatrist clinics. Several locum doctors have filled the gap in service since 2018.

2. **Please can you describe all of the key relationships and partnerships, if any, that exist between the SoJPS and the third or private sectors which provide support for mental health concerns.**

PATS – Psychology Assessment Treatment Service – this has been a significantly productive relationship, meeting positive outcomes for our mutual patients. We facilitate the PATS treatment & therapy, either in person or via video link.

Psychology Service – Not a regular 'relationship', however as and when court reports are requested, we generally facilitate the assessment here in healthcare rather than legal visits. We extend this to any psychological therapist requiring access to a patient currently in custody.

Alcohol & Drug Service – We have a long-standing close working relationship with the service, sharing information upon arrival into custody and preparing a seamless link when being released.

Primary Care – Community GP's – Most prisoners are referred to their community-based GP service upon release, and GPs will be the main prescribers for psychiatric conditions whilst the patient is 'well'. We have mutual sharing protocols with island-based GPs, rather than actual business relationships.

The Shelter Trust – We work closely with the Shelter whenever required. This relationship has 'dropped' off over the last two years as we have not referred as many prisoners with ongoing mental health concerns. However, we did work together to set up the EMIS project with the Shelter which will increase and improve access to services for service users.

3. **Please could you confirm what mental health services prisoners can access?**

All of the above.

4. **Following the outbreak of COVID-19 in Jersey in 2020, please can you outline the impact this had on SoJPS work and services outlined in the responses to questions 1 - 3 above?**

It is not felt that the pandemic has too much of an impact, referrals were processed in the same way, face to face consultations were prioritised and cancelled only when we had active infections for the first and second outbreaks here. Waiting lists have not grown.

We have not had any significant negative feedback from prisoners; however, we plan to ask this specific question in the next prisoner survey (April / May 22).

The pandemic has increased the workload of healthcare staff significantly, to the point where Healthcare staff have been impacted from a mental health perspective – specifically burn-out and fatigue. Despite this we have not noted any specific mental health impact on staff – morale seems to be positive.

a. **Have any significant or permanent changes been made to the work / service as a result of COVID-19?**

No permanent changes have been made. We had already started to use video as a means of consultations, out-patient appointments etc. This has been developed with the introduction of TEAMs so may be a permanent feature to replace and supplement non-clinical appointments.

Our Infection Prevention & Control policy was in place before the pandemic and was used as a template on how we subsequently managed this. If anything, staff will be more aware of infection & transmission which should have a positive impact.

5. **Please could you provide a summary of any work by SoJPS that was undertaken or started as a result of the Mental Health Strategy for Jersey (2016-2020)?**

We cannot identify any direct work that was undertaken as a result of this. There are some aspects of that report that we would challenge – for example a reference to the Prison on page 68. Whilst the in-reach in HMP is currently and consistently of high quality, we would suggest that is because of individual job holders, and not as a result of strategic planning by senior leaders.

It may be useful to refer to the September 2018 Scrutiny Panel answer: "The most significant progress, particularly from a prison perspective has been the provision of adequate facilities to provide a service. A 2017 upgrade of the Healthcare Department has had a significant impact on the quality of the mental health service. We now provide an appropriate office for the mental health in-reach team to operate from. We also have a separate office for the Substance Misuse Worker, a service which has significant overlap with mental health. I would argue this facility has been achieved through the input of the prison management team rather than influence from the Mental Health Strategy".

a. As part of this, we refer to the submission from SoJPS (dated 10th October 2018) to the Panel's previous 'Assessment of Mental Health Services report, which stated:

"It could be said minimally: there have been no significant changes from a prison perspective that have been influenced directly by the mental health review. We have made positive changes to the delivery of the current service, but this has been driven internally without any input from the review team'

Please could you reflect on this response.

See answer to question 5 above.

Yours sincerely

Deputy Gregory Guida
Minister for Home Affairs